## PATENT APPLATION FEE DETERMINATION RECEIVED December 8, 2004

Application or Docket Number 10/532264

CLAIMS AS FILED - PART I								1,:			<del></del>	
	·		(Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
U.S. NATIONAL STAGE FEES							7	RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT	. = \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE	<del> </del>		BASIC FEE	300
EXAMINATION FEE			Satisfies PCT A (4) = \$ 50	rticle 33(1)- /\$ 100		ther situations = \$ 100 / \$ 200	1	EXAM FEE	╂──	1	EXAM FEE	<del> </del>
SEARCH FEE			U.S. is ISA = 1 ALL other con \$ 200 /\$	50/\$ 100 untries =	All c	ther situations = \$ 250 / \$ 500	1	SEARCH FEE	<del>                                     </del>	1	SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.				us 100 =	-	/ 50 =	1	X \$ 125 =	<del> </del>	1	X \$ 250 =	-
TOTAL CHARGEABLE CLAIMS			130 mi	nus 20 =	•	10	1	X \$ 25 =	<del>                                     </del>	OR	ļ	<del> </del>
INDEPENDENT CLAIMS			Ъ m	inus 3 =			1	X \$ 100 =	<del> </del>	1	X\$50=	<del> </del> -
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT			Ø	1	+\$ 180 =	<del> </del>	OR	X \$ 200 =	<b> </b>
• If	the difference	less than zero	, enter *0	" in c	olumo 2	j	TOTAL	<del> </del>	OR	+ \$ 360 =		
				IOIAL		OR	TOTAL	90				
CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 2)						(Column 3)		SMALL	ENTITY.	OR	OTHER SMALL E	
AMENDMENT A	12/28/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 30	Minus	<b></b> 31	9	= 0 .		X \$ 25 =		OR	X \$ 50 =	
	Independent	• 2	Minus	<b></b> 2		- 0		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT.		OR	TOTAL ADDIT.	
		40-145	•								FEE	
_		(Column 1)		(Colum		(Column 3)				_		
$\sim$		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		e .		X \$ 25 =		OR	X \$ 50 =	•
AMEN	Independent	•	Minus	***		=		X \$ 100 =	·	OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =	•	OR	+ \$ 360 =	
•								TOTAL ADDIT. FEE		OR L	TOTAL ADDIT.	
											res L	
***	If the "Highest Nu If the "Highest Nu	rnn 1 is less than the mber Previously Pai mber Previously Paid nber Previously Paid	d For in THIS SP. d For in THIS SP.	ACE is less ACE is less	than '20 Than '20	7, enter 207.	in (he	appropriate box	in column 4			